



IC19441

United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

ENQL 7-1 CY08
PERMANENT
Retire 03/13

March 14, 2008

Joy Schnackenberg
Chemical Review Manager
Office of Pesticide Programs
Special Review and Reregistration Branch (7508P)
U.S. Environmental Protection Agency
One Potomac Yard, Room S-9246
2777 South Crystal Drive
Arlington, VA 22202

Dear Ms. Schnackenberg:

Per your request at the teleconference of March 13, 2008, here are the unredacted 6(a)(2) incident reports from APHIS' Wildlife Services that were originally submitted to Norm Spurling (7502P). These reports, submitted on a quarterly basis, cover the period October 28, 2004 through the present.

If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

Kenneth R. Seeley
Chief, Environmental Services
Policy and Program Development

Attachment

*Copy for
Nick Mastroia
3/21/08*



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
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United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program Development
4700 River Road, Unit 149
Riverdale, MD 20737-1237
Telephone: 301/734-8963

ENQL 7-1 CY05
PERMANENT
Retire 07/10

July 20, 2005

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

*Updates To 16388
-w1*

ATTN: Norman Spurling

SUBJECT: **FIFRA, Section 6(a)(2) aggregate adverse effects incident report**

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending July 31, 2005.

*May-April May
2005*

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	3
H-E	1

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely,

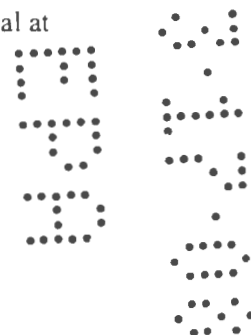
David Bergsten

David Bergsten
Acting Chief, Environmental Services
Policy and Program Development

Enclosure



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IO 19441 - 001

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MAY 03 2005

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WS-LC

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
D-1			3-8-05	

EMPLOYEE NAME (To contact for additional information)	TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
Charles m Jones	505-388-5618		

DUTY STATION ADDRESS	ADDRESS
2553 Hwy 90 SW Silver City NM 88061	

INCIDENT LOCATION			SOURCE OF INFORMATION		
CITY	STATE	COUNTY	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Letter
Rural	NM	Hidalgo	<input type="checkbox"/> Media	<input type="checkbox"/> Oral Report	<input type="checkbox"/> Other

EXPOSURE TYPE (Examples include spill, splash, drip, runoff or other.)

Other - m44 Fired (pulled)

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

Range/Pasture Private
Property 12-15 section

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

Domestic Dog Pulled
m44 unit

EPA REGISTRATION NUMBER	PRODUCT NAME	ACTIVE INGREDIENT	
56228-15	m44	SODIUM CYANIDE	
WAS THE PRODUCT	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED	WAS THE APPLICATOR CERTIFIED (if applicable)
<input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	N - A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Domestic Dog Belonged to Neighbor 3/8 mile from Ranch Property Line (m44 unit) Adjoining Land owner, owner of Dog was Notified prior to m44 Being Set, Agreed to Keep Dog Tied, Dog own Decided to turn Dog loose, he did not think Dog would Leave house Also Dog Had NO Collar



NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
Charles m Jones	Charles m Jones	505-388-5618	4-22-05
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE
Keel Price	Keel Price	505-527-6980	4-28-05

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

MAY 03 2005

REPORT NUMBER
WS-LC

"X" ONE

☐ Amphibian
 ☐ Fish
 ☐ Bird
 ☒ Mammal
 ☐ Invertebrate
 ☐ Reptile
 ☐ Plant

"X" ONE

☒ Domestic
 ☐ Wild

NUMBER OF ACRES AFFECTED

N-A

SPECIES COMMON NAME

Domestic Dog

BREED (if known)

Blue Heeler

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Domestic Dog Pulled myx - Died 30 feet From unit

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N-A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

Domestic Dog Died from Cyanide poisoning

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

 14' units set on 12-15 section of Private Range land
 Unit set 3/8 mile inside Ranch Boundary

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes
 ☐ No

N-A

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

 Open Range Land myx set for Protection of Calves.
 For Coyote Predation of Calves, units set Feb 15-05
 Adjoining Land owner Dog was turned loose and
 crossed Property Boundary and went 3/8 mile and
 pulled myx unit

ADDITIONAL FACTORS

 Adjoining Land owner was notified that myx unit
 was set and agree to keep Dog tied. Owner of
 Dog was not up set.

NAME OF PREPARER

Charles M Jones

SIGNATURE

Charles M Jones

DATE

4-22-05

NAME OF SUPERVISOR

Keel Price

SIGNATURE

Keel Price

DATE

4-28-05

1019441 -002

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE	INCIDENT STATUS	DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY
D-A	<input checked="" type="checkbox"/> New <u>3-11-05</u> <input type="checkbox"/> Update	<u>3-11-05</u>	REPORT NUMBER

EMPLOYEE NAME (To contact for additional information) JOHNNIE BAHO TELEPHONE NUMBER 505 752-0007 CONTACT NAME (If Non-APHIS) _____ TELEPHONE NUMBER _____

DUTY STATION ADDRESS 418 POATRES ADDRESS _____
HAGERMAN, NM 88232

INCIDENT LOCATION STATE NM COUNTY CHAVES SOURCE OF INFORMATION
☒ Self ☐ Telephone Call ☐ Letter
☐ Media ☐ Oral Report ☐ Other _____

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other)

DOMESTIC DOG PULLED M-44 UNIT

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agriculture (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

ON PRIVATE LAND, NEAR A DEAD ANIMAL PILE.

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

M-44 UNIT WAS SET IN ACCORDANCE TO USER INSTRUCTIONS. DOMESTIC DOG WANDERED 3/4 MILE FROM RANCH HOUSE & PULLED UNIT.

EPA REGISTRATION NUMBER 5-238-15 PRODUCT NAME M-44 CYANIDE CAPSULES ACTIVE INGREDIENT SODIUM CYANIDE

WAS THE PRODUCT ☐ Concentrated ☒ Diluted WHAT WAS THE DILUTION RATIO (if applicable) 91.05% SODIUM CYANIDE / 100% INERT WERE THE LABEL DIRECTIONS FOLLOWED ☒ Yes ☐ No WAS THE APPLICATOR CERTIFIED (if applicable) ☒ Yes ☐ No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes" explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

SEE SUPPLEMENTAL FORM FOR DETAILS

RECEIVED

MAR 29 9 00 AM
WS-SD

NAME OF PREPARER BRIAN ARCHULETA SIGNATURE Brian V Archuleta TELEPHONE NUMBER 505 623-3310 DATE 17 MAR 05

NAME OF SUPERVISOR BRIAN ARCHULETA SIGNATURE Brian V Archuleta TELEPHONE NUMBER 505 623-3310 DATE 17 MAR 05

WS FORM 160-F, (June 98)

(Local Reproduction Authorized)

Personal privacy information

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

"X" ONE

NUMBER OR ACRES AFFECTED

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant ☒ Domestic ☐ Wild

SPECIES COMMON NAME

DOMESTIC DOG

BREED (if known)

AUSTRALIAN SHEPHERD CROSS

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

DOG PULLED M-44 UNIT & WAS FOUND WITHIN 50 FT. THE ANIMAL WAS DEAD

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available attach copies)

N/A

MAGNITUDE OF THE EFFECT (e.g. miles of streams, square area of terrestrial habitat)

NO EFFECT

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

(10) M-44 UNITS WERE SET IN A 6 SECTION PASTURE. EACH M-44 UNIT CONTAINS .98 GRAMS SODIUM CYANIDE (ACT. INGREDIENT)

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

RANGELAND WITH MESQUITE + GRASSLAND MIXTURE. UNIT WAS 3/4 MILE FROM A RANCH HOUSE.

ADDITIONAL FACTORS

DOMESTIC DOG WAS NOT TIED UP & WANDERED FROM HOUSE. ALL GATE SIGNS WERE POSTED. OCCUPANTS OF HOUSE WERE NOTIFIED PRIOR TO SETTING OF EQUIPMENT. PET OWNERS NOT UNDERSTANDING OF INCIDENT.

NAME OF PREPARER

BRIAN ARCHULETA

SIGNATURE

Brian V Archuleta

DATE

17 March 05

NAME OF SUPERVISOR

BRIAN ARCHULETA

SIGNATURE

Brian Archuleta

DATE

17 March 05

RECEIVED

2019441-003

MAY 06 2005

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WS-SO

614121 ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE DA	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 4.15.05	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 4.15.05	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) PAT JAUREGUIBERRY		TELEPHONE NUMBER 760-7347	CONTACT NAME (If Non-APHIS) PENNY'S LANE	
DUTY STATION ADDRESS PORTALES, N.M.		ADDRESS PORTALES		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY MILNESAND	STATE NM	COUNTY ROOSEVELT	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other)

PULLED M-44 UNIT

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

PASTURE SOUTH OF RANCH HEADQUARTER

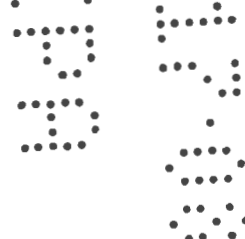
SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME SODIUM CYANIDE M-44	ACTIVE INGREDIENT SODIUM CYANIDE
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) 91.9% Sodium Cyanide 9% INERT	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)		WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

DOMESTIC DOG WANDERED AWAY FROM HEADQUARTERS,
~~ABANDONED~~ ~~ABANDONED~~ AND PULLED A M-44 UNIT. ~~OWNER~~
 AWARE OF PLACEMENT OF M-44 UNIT. DOG HAD
 NO COLLAR



NAME OF PREPARER PAT JAUREGUIBERRY	SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER 760-7347	DATE 4.29.05
NAME OF SUPERVISOR BRIAN ARCHULETA	SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER 623-3310 (305)	DATE 5/3/05

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☐ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

DOMESTIC DOG

BREED (if known)

RED BORDER COLLIE

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

DOG WANDERED FROM HEADQUARTERS AND PULLED
A M44 UNIT - NO COLLAR

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies)

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M44 UNIT

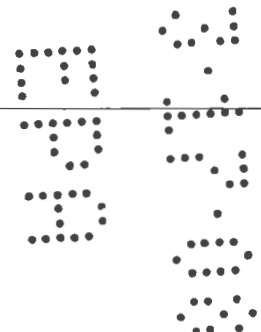
WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

DOG WANDERED FROM HEADQUARTERS - SOUTH PASTURE

ADDITIONAL FACTORS



NAME OF PREPARER

PAT JAVREQUIBERRY

SIGNATURE

[Signature]

DATE

4.29.05

NAME OF SUPERVISOR

BRIAN ARCHULETA

SIGNATURE

Brian V Archuleta

DATE

5/3/05

[Back to State Overview](#)

Work Task for: Pat Jaureguiberry Direct Control Flag? <input type="checkbox"/>	
Work Date:	04/15/2005
Agreement:	PREUIT
Property:	PREUIT:NM:10536
Activity:	CHEMICAL APPLICATION (PERFORMED)
Activity Measurements:	3 HOURS
Conflict & Loss:	COYOTES predation threat of CATTLE (CALVES)
Components & Take:	CHECKED M-44 CYANIDE CAPSULE 22 EACH Associated Take: 1 (EACH) DOGS, FERAL/FREE RANGING HYBRIDS <i>actual count</i> KILLED, NOT intentionally NOT targeted FIRED M-44 CYANIDE CAPSULE 2 EACH Associated Take: 1 (EACH) COYOTES <i>actual count</i> KILLED, intentionally targeted
Remarks:	ranch dog no collar. Notified owner
Project:	

OPTIONAL FORM 99 (7-99)

FAX TRANSMITTAL

To: Alan / Alan From: Brie

Dept./Agency: _____ Phone #: _____

Fax #: _____ Fax #: _____

NGN 7540-01-317-7388 5098-101 GENERAL SERVICES ADMINISTRATION

19441-004

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE H-E	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 4-1-05	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 4-1-05 <input type="checkbox"/> Update	Date of last submission		
EMPLOYEE NAME (To contact for additional information) Richard Grubbe		TELEPHONE NUMBER 313-5041	CONTACT NAME (If Non-APHIS) _____	
DUTY STATION ADDRESS Hc 61 Box 165 Glenwood NM 88039		ADDRESS Same		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY Quemado	STATE NM	COUNTY Catron	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Range/Pasture	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] Bad M44 trigger.
---	--

EPA REGISTRATION NUMBER 36228-15	PRODUCT NAME M-44 Cyanide Cap	ACTIVE INGREDIENT Sodium Cyanide
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

I had finished baiting m-44 unit, was placing lid on Bait jar, m-44 unit discharged. Tasted & smelled a small amount of cyanide. Used tiny Nitrite pearls for a basic precaution. No effects of cyanide.

NAME OF PREPARER Richard Grubbe	SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER 313-5041	DATE 4-4-05
NAME OF SUPERVISOR Keel Price	SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER (505) 527-6980	DATE 5-5-05

HUMAN INCIDENT - SUPPLEMENTAL REPORT	ROUTE OF EXPOSURE	EB USE ONLY
	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> Respiratory <input type="checkbox"/> Eye <input type="checkbox"/> Skin	REPORT NUMBER

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS:

None, Tasted & smelled a small amount of sodium cyanide
No actual symptoms or adverse effects.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):

None

TIME BETWEEN EXPOSURE AND ONSET OF SYMPTOMS	WAS ADVERSE EFFECT THE RESULT OF	TYPE OF MEDICAL CARE SOUGHT
	Suicide/homicide <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Attempted Suicide/homicide <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

None

None

DEMOGRAPHICS

Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age 31	If female, pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Occupation Biological Tech.
--	-----------	---	--------------------------------

EXPOSURE DATA

Amount of Pesticide unk/Trace	Duration of Exposure N/A	Weight of Victim 200	Was the exposure occupational <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", work days lost to illness related to exposure None
----------------------------------	-----------------------------	-------------------------	--	---

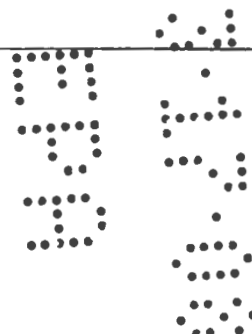
WERE PERSONAL PROTECTIVE EQUIPMENT WORN (If yes, describe)

☒ Yes ☐ No

Sunglasses, gloves, long sleeve shirt

ADDITIONAL FACTORS

None



NAME OF PREPARER Richard Gabb	SIGNATURE <i>[Signature]</i>	DATE 5-4-05
NAME OF SUPERVISOR Keel Price	SIGNATURE <i>[Signature]</i>	DATE 5-5-05



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program Development
4700 River Road, Unit 149
Riverdale, MD 20737-1237
Telephone: 301/734-8963

ENQL 7-1 CY06
PERMANENT
Retire 04/11

April 10, 2006

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

Updates I 017279

ATTN: Norman Spurling

SUBJECT: **FIFRA, Section 6(a)(2) aggregate adverse effects incident report**

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. There were no incident reports submitted for the previous reporting period ending January 30, 2006. This report is for the following pesticide product for the reporting period ending April 30, 2006.

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	2

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely,

Kenneth R. Seeley
Chief, Environmental Services
Policy and Program Development

Enclosure

APHIS Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

353

IO1944-005

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

Update IO17279-001

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 12/15/05	<input type="checkbox"/> Update Date of last submission		
DA			12/15/05	
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
Michael Bodenchuk		801 975-3315		
DUTY STATION ADDRESS			ADDRESS	
APHIS - WS PO Box 26976 Salt Lake City UT 84129				
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	
near Hanksville	UT	Wayne		

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Dog pulled on M-44

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Private, posted rural property

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

M-44 set for coyote removal. Dog pulled the device

EPA REGISTRATION NUMBER	PRODUCT NAME	ACTIVE INGREDIENT	
56228-15	M-44 Sodium Cyanide Capsule	Sodium Cyanide	
WAS THE PRODUCT	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED	WAS THE APPLICATOR CERTIFIED (if applicable)
<input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Youth correction group was hiking with a dog in attendance. They hiked past (within 5') of 4 M-44 area signs and trespassed on posted private land. A device sign was within 15 1/2' of the device. The dog pulled the device and died. No human exposure occurred.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
Michael Bodenchuk	<i>Michael J Bodenchuk</i>	801 975-3315	12/16/05
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE
Michael Bodenchuk	<i>Michael J Bodenchuk</i>	801 975-3315	12/16/05

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
--	---	--------------------------

SPECIES COMMON NAME <i>Dog</i>	BREED (if known) <i>unknown</i>
-----------------------------------	------------------------------------

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS
Dog died

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 capsule

WAS PREBAITING USED ON THE SITE (Describe)
☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

posted private property.

ADDITIONAL FACTORS


Dog was accompanying youth correctional group and they trespassed on posted private property. the dog pulled the device

NAME OF PREPARER	SIGNATURE	DATE
------------------	-----------	------

NAME OF SUPERVISOR <i>Michael J. Bodenbush</i>	SIGNATURE <i>Michael J. Bodenbush</i>	DATE <i>12/16/05</i>
---	--	-------------------------

WS FORM 160B-R (June 99) (Local Reproduction Authorized)

Memo

To: Jeff Jones, OSS
From: Mike Bodenchuk, UT SD 
CC: Jeff Green, RD
Date: December 20, 2005
Re: Adverse Pesticide Incident

Attached are two forms describing a recent incident involving the death of a domestic dog, presumably due to one of our M-44's. Our District Supervisor, Kevin Dustin, investigated the incident and related the following facts:

-The dog belonged to a counselor for Aspen Academy, a group which takes juvenile delinquents on outdoor trips in lieu of incarceration. They called the dog a "therapeutic" animal, and this year is the first time we have been aware of their use of these animals.

-The group was tracked to one of our M-44 devices. At no time was the dog prints visible, indicating that the dog was free roaming during the entire time. One device was fired, but no dog tracks were visible there either. We never saw the dog.

-Kevin reported to me that the group passed 4-5 M-44 gate signs, the last one placed on the same gate that contained a proper, legal posting prohibiting trespassing. The group, and the dog, was trespassing if the device we found fired was responsible for the dogs' death.

-Kevin was advised that there are 6 groups of youth in the area, each with a dog. I instructed Kevin to initiate a discussion with the BLM to see if the BLM would prohibit their use of dogs until the end of domestic cattle calving season or to move the groups away from private land until that time. Until we can work out an arrangement with the BLM or Aspen Academy, we have removed M-44's from the area because of the probability of exposure.

-Kevin talked to the dog's owner via telephone and he did not indicate any interest in pursuing compensation for the dog. While we have the responsibility to allow a person to file a tort claim, I would recommend against any payment based on the facts before me.

In my mind, the careless attitude of the group leader contributed directly to the dog's death. They were on private property illegally, and knew of the consequences of their actions. This amounts to "assisted suicide" for a dog and the incident should hardly be considered an adverse incident. Should you choose to disregard this incident as deliberate tampering, I would support that contention.

Please let me know of any further information you need or of any change in determination as to the status of this incident.

The following 6(a)(2) adverse incident categories must be reported to OSS within the stated time frames:

H-A Human – Death: Must be reported to OSS immediately.

H-B Human – Major: Allegation that a person may have exhibited symptoms which may have been life threatening, resulted in adverse reproductive effects, or in residual disability. Report the incident to OSS upon receipt of verification of medical treatment or within 30 days of allegation.

H-C Human – Moderate: Allegations that a person may have symptoms more pronounced, more prolonged, or of a more systemic nature with minor symptoms. Usually some form of medical treatment would have been indicated. Symptoms were not life-threatening. Report the incident to OSS upon receipt of verification of medical treatment or within 30 days of allegation.

PD-A Property Damage with Risk to Human Health: Example: a fire or an explosion. Report the incident to OSS upon receipt of verification of police/fire department report or within 30 days.

W-A Wildlife – Major: If any of the following incidents described are alleged, report to OSS within 30 days:

1. Caused by a pesticide currently in Formal Review for ecological review by EPA. No APHIS products are currently under Formal Review.
2. Affected Fish: 1,000 or more individuals of a schooling species or 50 or more individuals of a non-schooling species in a single incident.
3. Affected Bird: A pesticide other than a avicide affected 200 or more individuals of a flocking species, or 50 or more individuals of songbird species, or 5 or more individuals of a predatory bird species in a single incident.
4. Affected Mammal: A pesticide that is not intended for the control of mammalian species affected 50 or more individuals of a relatively common or herding species or 5 or more individuals of a rare or solitary species in a single incident.
5. Affected Reptiles and Amphibians: A pesticide that is not intended for the control of reptiles or amphibians affected 50 or more individuals of a relatively common species or 5 or more individuals of a rare or solitary species in a single incident.
6. Involves effects to or illegal pesticide treatment (misuse) of a substantial tract of habitat (greater than or equal to 10 acres, terrestrial or aquatic).
7. Involves a major spill or discharge (greater than or equal to 5,000 gallons of pesticide).
8. Involves adverse effects caused by a pesticide to a Federally listed endangered or threatened species.

H-D Human – Minor: If person alleges some symptoms, but are minimally traumatic. The symptoms ended rapidly. Submit the report to OSS within the quarter.

H-E Human – Unknown: Symptoms are unknown, unspecified or all alleged to be of a delayed or chronic nature that may appear in the future. Submit the report to OSS within the quarter.

~~B-A Domestic Animal – Death:~~ Death including euthanization. Submit the report to OSS within the quarter.

D-B Domestic Animal – Major: Alleged to exhibit symptoms which may have been life-threatening or resulted in residual disability. Submit the report to OSS within the quarter.

D-C Domestic Animal – Moderate: Alleged to exhibit symptoms which are more pronounced, more prolonged or a more systemic nature but not life-threatening, usually requiring some form of treatment. Submit the report to OSS within the quarter.

D-D Domestic Animal – Minor: Alleged to exhibit minor symptoms. Submit the report to OSS within the quarter.

W-B Wildlife – Individual Animal Incident: Report allegations of deaths of individual animals. Submit the report to OSS within the quarter. Exception to the reporting requirement: the affected animal is categorized as a pest species and is a similar species to the target animal.

P-A Plants – Major: More than 45 percent of the acreage exposed to the pesticide is damaged. Submit the report to OSS within the quarter.

P-B Plants – Minor: Less than 45 percent of the acreage exposed to the pesticide is damaged. Submit the report to OSS within the quarter.

PD-B Property Damage – Moderate: The product is alleged to have caused damage in excess of \$5,000. Submit the report to OSS within the quarter.

PD-C Property Damage – Minor: Any allegation of property damage less than \$5,000 including reports which do not specify the amount of damage. Submit the report to OSS within the quarter.

ONT – All: Any allegation of affected nontargets not included in above categories. Example: beneficial insects. Submit the report to OSS within the quarter.

Failure of a Product to Perform: Submit reports to OSS within 30 days.

-006

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

10194414-006

Update To 17279-002

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 1-13-06 <input type="checkbox"/> Update	Date of last submission	1-13-06	
EMPLOYEE NAME (To contact for additional information) Jon W. Donaldson		TELEPHONE NUMBER (540) 468-3510	CONTACT NAME (If Non-APHIS or different from reporter)	
DUTY STATION ADDRESS Highland Co. Monterey, VA		ADDRESS P.O. Box 381 Monterey VA 24465		
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Monterey	STATE VA	COUNTY Highland	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Livestock pasture

NA

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicat. equipment, during manufacturing/formulation]

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME m-44 sodium cyanide capsules	ACTIVE INGREDIENT sodium cyanide 91.06%	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUMMARY OF THE INCIDENT (Attach supplemental form)

Dog was free roaming and entered into cooperators pasture and pulled on m-44 sodium cyanide ejector.

NAME OF PREPARER Jon W. Donaldson	SIGNATURE 	TELEPHONE NUMBER (540) 468-3510	DATE 1-13-06
NAME OF SUPERVISOR Chad Fox	SIGNATURE 	TELEPHONE NUMBER 540-381-7387	DATE 2-13-06

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

domestic dog

BREED (if known)

Golden retriever

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dog pulled an m-44 sodium cyanide ejector that resulted in death of dog.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

NA

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

NA

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

In accordance with EPA 26 use restrictions

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Sheep and cattle pasture

ADDITIONAL FACTORS

NA

NAME OF PREPARER

Jon W. Donaldson

SIGNATURE



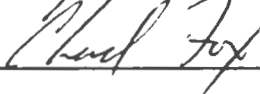
DATE

1-13-06

NAME OF SUPERVISOR



SIGNATURE



DATE

2-13-06

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL DAMAGE CONTROL

REPORT OF INJURY OR DEATH OF NONTARGET ANIMAL

INSTRUCTIONS: This form is for use as directed by supervisor following the injury or death of domestic animals or threatened/endangered species by ADC equipment or actions. Complete all applicable items, additional questions are on reverse side of this form. Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal if possible.

1. DESCRIPTION OF ANIMAL				2. IS TORT CLAIM LIKELY?		3. AMOUNT (Estimated)	
Species <u>Dog</u>	Breed (if applicable) <u>Golden Retriever</u>	Estimated Weight <u>80 lbs.</u>	Age Class <u>NA</u>	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4. NAME OF OWNER OF ANIMAL				4A. ACCIDENT LOCATION (nearest city/town, ranch or highway intersection)			
				COUNTY/PARISH <u>Highland</u> STATE <u>VA</u>			
				4B. LAND CLASS			
				Name of Property Owner or Land Managing Office			
4C. LAND OPERATOR (Lessee) NAME AND ADDRESS				<input checked="" type="checkbox"/> Private <input type="checkbox"/> BLM <input type="checkbox"/> USPS <input type="checkbox"/> State <input type="checkbox"/> Other			

5. DEATH/INJURY			
Indicate disposition of animal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Death	Date of injury or death <u>1-13-06</u>	Cause: (If injury, describe) <u>Pulled an m-44 cyanide ejector</u>	
6A. WAS AUTOPSY CONDUCTED OR SAMPLE TESTED FOR TOXIC MATERIAL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6B. BY WHOM	6C. FINDINGS	
7. WAS OWNER AWARE OF CONTROL WORK IN AREA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. DID ANIMAL BELONG TO OWNER OR LESSEE OF PROPERTY WHERE CONTROL WORK WAS BEING DONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. WAS AGREEMENT CURRENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10. WAS CONTROL SITE PROPERLY POSTED WITH SIGNS IN READABLE CONDITION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. NAME OF EMPLOYEE CONDUCTING CONTROL WORK <u>Jon W. Donaldson</u>		12. STEPS TAKEN TO PREVENT RECURRENCE <u>NA</u>	

REPORT OF INCIDENT: Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal if possible.

13. IN CASES INVOLVING THREATENED AND ENDANGERED (T&E) SPECIES NOTE SIGNIFICANCE OF LOSS TO LOCAL/NATIONAL POPULATION

NA

WAS T&E SPECIES PREVIOUSLY KNOWN TO EXIST IN AREA? ☐ Yes ☐ No

CHEMICAL			
14. TYPE <u>Sodium Cyanide</u>	15. STRENGTH	16. REGISTRATION NO. <u>56228-15</u>	17. CARRIER BAIT <u>M-44</u>
18. SYMPTOMS EVIDENT <u>m-44 was fired - traces of cyanide found in animal's mouth</u>		19. TIME ELAPSED FROM INGESTION TO SYMPTOMS/DEATH <u>NA</u>	20. ANIMAL'S PROXIMITY TO TOXICANT <u>50 feet</u>
MECHANICAL			
21. TYPE	21.5 DESCRIBE SET:	22. ESTIMATED TIME ANIMAL IN EQUIPMENT	23. DATE OF LAST EQUIPMENT CHECK
24. NATURE AND PURPOSE OF CONTROL WORK BEING CONDUCTED (i.e., depredation request, rodent control, etc.)			

Depredation of livestock has occurred in area

25. DESCRIPTION OF CONTROL SITE (Nearest residence, road, cooperator boundary line)

Livestock pasture

26. WAS CONTROL IN COMPLETE COMPLIANCE WITH REGULATIONS AND GOOD JUDGEMENT (Says, Program Policy, State/Federal law)

yes

27. DESCRIBE HOW ANIMAL MADE CONTACT WITH CONTROL TOOL

Dog entered cooperator's pasture and pulled m-44 sodium cyanide ejector.

28. WAS OWNER WITH ANIMALS AT TIME OF CONTACT WITH CONTROL TOOL?

☐ Yes ☒ No

29. DESCRIBE EVIDENCE AT SCENE THAT SUPPORTS OR REFUTES POSSIBLE CLAIM OF NEGLIGENCE

NA

30. EMPLOYEE COMMENTS (attach additional page if necessary)

Cooperator's farm has been worked during the last several months with no other incidents

31. SIGNATURE OF EMPLOYEE



32. DATE

1-13-06

33. SUPERVISOR/INVESTIGATING OFFICER COMMENTS (Attach additional page if necessary)

Dog owner became aware of incident and
No further communication regarding accident
is expected.

34. SIGNATURE OF INVESTIGATING OFFICER



ADC FORM 35 (Reverse)

35. DATE

2-13-6

36. SIGNATURE OF SUPERVISOR



37. DATE

2-13-6



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program Development
4700 River Road, Unit 149
Riverdale, MD 20737-1237
Telephone: 301/734-8963

ENQL 7-1 CY06
PERMANENT
Retire 08/11

August 24, 2006

Updates IO17723
-001

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: **FIFRA, Section 6(a)(2) single adverse effects incident report**

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending May 31, 2006.

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
W-B	1

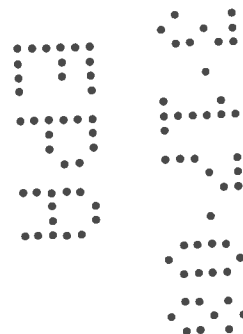
Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely,

Kenneth R. Seeley
Chief, Environmental Services
Policy and Program Development

Enclosure

APHIS Safeguarding American Agriculture
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An Equal Opportunity Provider and Employer



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

1019441-007

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE <i>W-B</i>	INCIDENT STATUS Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Update Date of last submission		DATE WS BECAME AWARE OF THE INCIDENT <i>5-5-6</i>	DST USE ONLY REPORT NUMBER
EMPLOYEE NAME (To contact for additional information) <i>Odin Stephens</i>	TELEPHONE NUMBER <i>(540) 381-7387</i>	CONTACT NAME (If Non-APHIS or different from reporter)		TELEPHONE NUMBER
DUTY STATION ADDRESS <i>105 B Anderson Dr. Christiansburg, VA 24073</i>		ADDRESS		
INCIDENT LOCATION CITY <i>Criders</i> STATE <i>VA</i> COUNTY <i>Rockingham</i>		SOURCE OF INFORMATION <input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other		

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

inhalation

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands; application, mixing/loading, reentry, during transport, repair/maintenance of applicat. (specify), recreational area (specify), right-of-way (rail, utility, highway)] SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include equipment, during manufacturing/formulation]

pasture

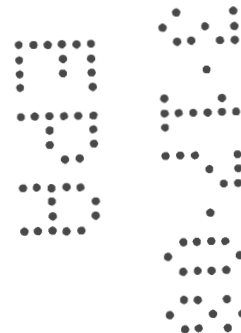
use within 26 use restrictions

EPA REGISTRATION NUMBER <i>56228-15</i>	PRODUCT NAME <i>M44 Cyanide capsules</i>	ACTIVE INGREDIENT <i>sodium cyanide</i>
WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) <i>N/A</i>	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)		WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

Raven found dead near fired M44 device



NAME OF PREPARER <i>Chad Fox</i>	SIGNATURE <i>Chad J. Fox</i>	TELEPHONE NUMBER <i>540 381-7387</i>	DATE <i>6-11-6</i>
NAME OF SUPERVISOR	SIGNATURE <i>Chad J. Fox</i>	TELEPHONE NUMBER	DATE <i>6-11-6</i>

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☒ Bird ☐ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant ☐ Domestic ☒ Wild

"X" ONE

NUMBER OF ACRES AFFECTED

SPECIES COMMON NAME

Raven

BREED (if known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Raven was found dead within a few feet of a
fired m44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies)

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

NONE

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

within 26 use restrictions

WAS PREBATING USED ON THE SITE (Describe)

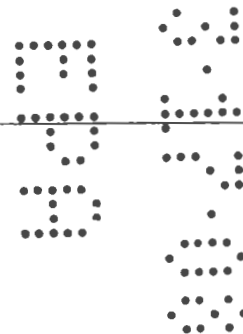
☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

livestock pasture

ADDITIONAL FACTORS

NONE



NAME OF PREPARER

SIGNATURE

DATE

NAME OF SUPERVISOR

SIGNATURE

DATE

WS FORM 160B (DRAFT)

6-11-6

23



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

ENQL 7-1 CY07
PERMANENT
Retire 01/12

January 11, 2007

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

updates ID 15172
-001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) single adverse effects incident report**

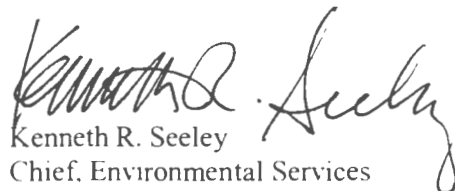
The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending July 30, 2006.

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	1

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely,


Kenneth R. Seeley
Chief, Environmental Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

19441-008

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	DST USE ONLY REPORT NUMBER
	Date <input type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
D-A			4/11/06	
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS or different from reporter)	TELEPHONE NUMBER
Darren Roach		801 975-3315		
DUTY STATION ADDRESS			ADDRESS	
Po Box 26976 Salt Lake City UT 84126				
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	
	UT	Millard		

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Alleged Dog Pulled M-44 Device

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Public Rangeland

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation]

Pesticide use

EPA REGISTRATION NUMBER	PRODUCT NAME	ACTIVE INGREDIENT	
56228-15	M-44 Cyanide Capsule	Sodium Cyanide	
WAS THE PRODUCT	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED	WAS THE APPLICATOR CERTIFIED (if applicable)
<input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

NOTE: WS was never shown the dog - there was no indication that we were responsible; claimant was unable to prove M-44 exposure. Allegation arose 9 days after the dog died. Routine inspection showed 2 M-44 devices pulled - 1 coyote found.

See Attached letter from Tort Claim

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
Michael Bodanichuk	<i>Michael J. Bodanichuk</i>	801 975-3315	8/30/06
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE
Michael Bodanichuk	<i>Michael J. Bodanichuk</i>	801 975-3315	8/30/06

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED N/A
--	---	--

SPECIES COMMON NAME Dog	BREED (if known) German Shepherd
-----------------------------------	--

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS
Symptoms not observed - Dog found dead

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):
none performed

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)
N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)
1 capsule

WAS PREBAITING USED ON THE SITE (Describe)
☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED
Public Rangeland

ADDITIONAL FACTORS - **Alleged incident - claimant did not observe M-44 device nor the dog pull the device - the dog was buried w/o vet necropsy. Allegations arose 9 days later.**

NAME OF PREPARER Michael Bodenchuk	SIGNATURE <i>Michael Bodenchuk</i>	DATE 8/30/06
NAME OF SUPERVISOR Michael Bodenchuk	SIGNATURE <i>Michael Bodenchuk</i>	DATE 8/30/06

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO 1105-0008	
1. Submit To Appropriate Federal Agency: USDA Wildlife Services - Mike Bodenchuk P.O. Box 26976 Salt Lake City, UT 84126-0976			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) <div style="background-color: black; width: 100%; height: 50px;"></div>		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH <div style="background-color: black; width: 100%; height: 20px;"></div>	5. MARITAL STATUS M	6. DATE AND DAY OF ACCIDENT April 2, 2006	7. TIME (A.M. OR P.M.) 4:15 pm	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) Wrongful death of German Shepherd caused by m-44 cyanide trap See attached two pages					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) Same					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED (See instructions on reverse side) Purebred German Shepherd - deceased - buried					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.					
11. WITNESSES					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
12. (See instructions on reverse) AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE \$1500.00	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights) \$1500.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <div style="background-color: black; width: 100%; height: 30px;"></div>			13b. Phone number of signatory <div style="background-color: black; width: 100%; height: 30px;"></div>		14. DATE OF CLAIM 5-24-06
FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States (See 31 U.S.C. 3729.)			Fine of not more than \$10,000 or imprisonment for not more than 5 years or both (See 18 U.S.C. 287, 1001.)		

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.
A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14

B. Principal Purpose: The information requested is to be used in evaluating claims.
C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid"

INSTRUCTIONS

Complete all items - Insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE REPRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to
 Director, Torts Branch
 Civil Division
 U.S. Department of Justice
 Washington, DC 20530

and to the
 Office of Management and Budget
 Paperwork Reduction Project (1105-0008)
 Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15 Do you carry accident insurance? ☐ Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number ☐ No

N/A

16 Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

N/A

17. If deduction, state amount

18 If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19 Do you carry public liability and property damage insurance? ☐ Yes, if yes, give name and address of insurance carrier (Number, street, city, State, and Zip Code) ☐ No

N/A

8. Basis of Claim (standard form 95)

Page 1

I was at the BLM community pit (T25S R15W Sec 11) in the Lawson Cove area, Millard County, Utah on April 1, 2006 and April 2, 2006 with my German Shepherd companion, Max. It was 4:00 p.m. on April 2, 2006 when Max and I walked back to my pickup which was parked parallel to the dirt road at the entrance to the pit. We both went to the truck for a drink of water and a brief rest.

I went back into the pit at about 4:10 p.m. and Max lingered on the road, looking south of the pit into the wind that had just started blowing briskly. At 4:20 p.m., I noticed he wasn't back with me in the pit. It was unusual for him to be away from me for any length of time, so I started calling him. The wind was blowing hard now, so I thought maybe he was having trouble hearing me since I was down wind of where I last saw him. I continued yelling loudly for Max until 4:25 p.m. I became very concerned at this time, so I went to look for him. I scanned the horizon in all directions and could see or hear nothing. I started to walk south to look for him since that was the last direction he was looking in when I last saw him. I went about 150 feet down the road from the pit when I saw what I believed to be him lying on his side, very still, in the tall grasses. I ran about another 50 feet to where he was, when, to my horror, I realized he was dead. His lifeless body was only about 200 feet from the community pit and fifteen feet from the road.

I kneeled at the top of his head, bending over him, crying and trying to figure out what happened to him. I remember crying out "I don't understand, I don't understand" as I looked at his mouth. His mouth had a pinkish/salmonish colored foam coming from it. I was having a hard time with my eyes, I couldn't focus clearly on his mouth and the foam. At the time, I thought it was because I was crying so much, but I now believe the M-44 cyanide trap Max had found and pulled added to my vision difficulties. I was still having trouble focusing my vision, but I didn't find any other marks on his body as I cried and searched his body for clues as to what had just happened.

I was at the community pit alone, so I decided to leave Max there until the next day so I would have some help getting his body. I covered Max with his rug so scavengers wouldn't pick at his body. I always took his rug with us so when we had rest breaks at the truck, he could lay on it instead of the hard ground.

At approximately 5:30 p.m., I reached my husband by cell phone. I told him Max was dead and I didn't know what happened to him. The only thing I could find was a pinkish tinged foam coming from his mouth. I said I wasn't sure what the foam was, or if there was any blood in the foam, because I was having trouble seeing clearly.

The next day, April 3, 2006, my husband and I returned to the site to retrieve Max's body for burial. My husband couldn't find any blood or other marks on his body. We still had no idea what happened to him. As we were leaving the site, at 7:00 p.m., approximately 20 miles away from where Max died, we

8. Basis of Claim (standard form 95) continued

Page 2

sited a man in a state pickup with a horse loaded in the pickup bed trailer. We now believe this may have been the Wildlife Services trapper working in this area.

After speaking to several different people over the next couple days, we realized Max had been a victim of an M-44 cyanide trap. On April 10, 2006, my son and I returned once more to the site of Max's death to video tape the area, documenting that there were no warning signs posted anywhere in the area - just as there were no signs posted on April 1, 2006, April 2, 2006 - the day of Max's death, or April 3, 2006. I also photographed a small white wrapper with red writing I found in a wash, under a sage brush, about 100 feet from the site of Max's death and about 4 feet from the dirt road. It was imprinted with the words "do not touch", "contains cyanide", and "United States Department of Agriculture - APHIS". I video taped us placing a rock on the wrapper so it would not blow away. I was afraid to touch it, so we left the wrapper there. Also photographed was a dead coyote, lying about 100 feet south of where Max died.

After searching the Internet, we found the proper department to contact in regards to Max's death. On April 11, my husband called the USDA Wildlife Services, Salt Lake City, UT office and informed them of the situation, the video, the photos, the wrapper, the lack of warning signs, and the proximity of Max's place of death to the road and a BLM community pit.

On May 23, 2006, my husband was given a tort claim form from local BLM officials who informed him that we should have been given a tort claim form to fill out when he first contacted Wildlife Services. On May 24, 2006, I completed the claim form.

12d. Amount of Claim Total

While Max was invaluable to me as a work partner, protector, and companion, I am required to put a monetary value on his life. In order to do this I considered his breed, training, conformation quality, age, and replacement cost. I then based the amount on the following excerpt from German Shepherds for Dummies by Caroline Coile, Ph.D., copyright 2000 by Hungry Minds, Inc.. page 29:

"Good German Shepherds are not cheap. You can expect to pay from \$600 to \$1,500 for a good pet-quality GSD and \$1,000.00 and up for a competition-quality dog. Raising healthy puppies takes a lot of resources, and cheap pups probably are cheap because the breeder has cut corners by neglecting proper nutrition and health care, as well as by getting the cheapest possible breeding stock."

I submit my claim in the amount of \$1500.00 even though his value far exceeded that amount.

Memo

To: Jeff Jones, OSS
From: Mike Bodenchuk, UT SD
CC: Jeff Green, WRD
Date: September 19, 2006
Re: Form 6(a)(2)

Attached is the Form 6(a)(2) to address an alleged dog incident with an M-44 here in Utah. I have been aware of the complaint since April 11, but the complainant has been unable to prove that the dog was killed by the M-44 device or even that the dog existed. I have completed these forms only now based on my understanding of not only the EPA implementing regulations, but also in light of tort action in this case.

In reviewing our direction from Martin Mendoza regarding compliance with Section 6(a)(2), I find a very disturbing conflict between EPA regulations and our public responsibilities under the Tort Act. There is a very specific process for tort claims, and the requirement that we submit a 6(a)(2) form for an alleged incident which may have occurred due to a pesticide for which we have a registration works contrary to our responsibility to protect the Government from frivolous lawsuits. If I had completed the form in the absence of any evidence, it is likely that the tort claim folks would have approved a claim for which we still have not acknowledged responsibility. Indeed, how simple would it be for an environmental group to scour the hills for M-44 signs and then alleged we had killed their dog. For every M-44 device that we find no coyote, we could be subject to tort claims. If environmental groups discover our position they could easily flood us with claims of adverse exposure and stop our use of pesticides.

The intention of 6(a)(2) is to prevent pesticide registrants from burying reports of misuse and I agree with the concept. As a government agency, we already keep records on all of our pesticide applications which are part of the records available to EPA. I can see no advantage to this system and see it as a legal detriment which complicates already frivolous tort claims and likely makes us vulnerable to abuses by people dedicated to eliminating the work we conduct.

One exemption to 6(a)(2) reporting is that EPA has exempted the registrant from reporting. By this memo I am requesting this be considered for WS' registered toxicants, especially sodium cyanide. To complete these forms for every alleged incident will only place the program at unnecessary risk.



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

ENQL 7-1 CY07
PERMANENT
Retire 03/12

March 27, 2007

*ip d atis IO18365 (an aggregate
summary package)*

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: aggregate adverse effects
incidents for the reporting period ending April 30, 2007**

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. Given this limitation, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending April 30, 2007.

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
H-D	1
W-B	2
D-A	1



Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

Sincerely,

Kenneth R. Seeley
Chief, Environmental Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

1019441-009

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE H-D	INCIDENT STATUS		DATE WE BECAME AWARE OF THE INCIDENT Jan. 23, 2007	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New Jan. 23, 2007	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) [REDACTED]		TELEPHONE NUMBER [REDACTED]	CONTACT NAME (If Non-APHIS or different from reporter) [REDACTED]	
DUTY STATION ADDRESS Tecumseh, OK			ADDRESS [REDACTED]	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Tecumseh	STATE OK	COUNTY Pottawatomie	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) Spill				
INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) 200 acer pasture, land located on private land, with a cow/calf operation			SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applic. equipment, during manufacturing/formulation) Maintenance	
EPA REGISTRATION NUMBER NO. 56228-15	PRODUCT NAME M-44 Cyanide Capsules		ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)		WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

SUMMARY OF THE INCIDENT (Attach supplemental form)

Please See Attached Sheet

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NAME OF PREPARER Kenny Kellett	SIGNATURE <i>Kenny Kellett</i>	TELEPHONE NUMBER (918) 652-3479	DATE 1/29/07
NAME OF SUPERVISOR Kevin Grant	SIGNATURE <i>Kevin Grant</i>	TELEPHONE NUMBER (405) 522-5471	DATE 1/29/07

WS FORM 160 (DRAFT)

Personal privacy information

HUMAN INCIDENT - SUPPLEMENTAL REPORT

ROUTE OF EXPOSURE

☐ Oral ☐ Respiratory ☒ Eye ☐ Skin

DST USE ONLY

REPORT NUMBER

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS:

Burning of right eye

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

Blood Test - No depleted oxygen levels
Urinalysis - No chemical trace

TIME BETWEEN EXPOSURE AND ONSET OF SYMPTOMS

Immediately

WAS ADVERSE EFFECT THE RESULT OF

Suicide/homicide ☐ Yes ☒ No

Attempted Suicide/homicide ☐ Yes ☒ No

TYPE OF MEDICAL CARE SOUGHT

Hospital emergency room

DEMOGRAPHICS

Sex

☒ Male
☐ Female

Age

21

If female, pregnant?

☐ Yes ☒ No

Occupation

Wildlife Damage Control Specialist

EXPOSURE DATA

Amount of Pesticide

less than 1 gram

Duration of Exposure

less than 30 sec.

Weight of

Victim 165

Was the exposure occupational

☒ Yes ☐ No

If "Yes", work days lost to illness related to exposure

None

WERE PERSONAL PROTECTIVE EQUIPMENT WORN (if yes, describe)

☒ Yes ☐ No

The employee worn all of the personal protective equipment for the use of setting and handling restricted use pesticide.

ADDITIONAL FACTORS

NAME OF PREPARER

Kenny Kellett

SIGNATURE

Kenny Kellett

DATE

1/29/07

NAME OF SUPERVISOR

Kevin Grant

SIGNATURE

Kevin Grant

DATE

1/29/07

To Whom It May Concern:

At the Oklahoma Wildlife Services State Directors request, I have preformed an investigation on an incident that [REDACTED] had with sodium cyanide. I met with [REDACTED] on January 24th, at the site where the incident happened in Pottawatomie County.

I asked [REDACTED] to tell me what had happened and he stated that on Jan.23rd, around 8:30 am he came to the site, were he was working with M-44 cyanide capsules (M-44 unit). It was a cold morning in the lower 20's and ice was still on the property were the M-44 unit's were place. The M-44 unit was in a small indention in the ground about 3inches deep and 5 inches wide. Ice was on and around the M-44 unit. [REDACTED] knelt down and used his leatherman tool and his trap hammer to free the M-44 unit from the ice. He said that he felt that it was unsafe to continue trying to remove the ice and stood up. At that time he felt foreign material hit the side of his face and his right eye. He stated that his eye stared to burn and the first thing he thought, was the sodium cyanide must have flown up into his eye, and felt that he needed to use his Amyl Nitrite (antidote kit). [REDACTED] used 2 amyl nitrite capsules right away. Then he said that he started feeling weird, and around 5 minutes later he felt that he needed to use 2 more amyl nitrite capsules. He said that he knew something was wrong, so he waited 5 more minutes and used the last two of the amyl nitrite capsules. [REDACTED] then drove himself to town to where his wife worked and she took him to Shawnee's hospital.

[REDACTED] stated to me that after he look's back on the incident he feels that he panicked when the M-44 went off and he felt that the antidote kit is what made him feel sick.

Respectfully Submitted,



Kenny Kellett
Northeast District Supervisor

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(IO19441-010)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE <i>W-B (or W-A.8.?)</i>	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT <i>1-31-07</i>	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New <i>1-31-07</i>	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) <i>Justin Mann</i>		TELEPHONE NUMBER <i>(208) 628-3670</i>	CONTACT NAME (If Non-APHIS or different from reporter)	
DUTY STATION ADDRESS <i>P.O. Box 345 Lucile, ID 83452</i>			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY <i>east of Riggs</i>	STATE <i>ID</i>	COUNTY <i>Idaho</i>	<input checked="" type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Media <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) <i>Direct exposure (by pulling an M-44 device)</i>				
INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) <i>rangeland/pasture</i>			SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation) <i>application, with the intent to target coyotes</i>	
EPA REGISTRATION NUMBER <i>56228-15</i>	PRODUCT NAME <i>M-44 cyanide capsules</i>		ACTIVE INGREDIENT <i>sodium cyanide</i>	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) <i>N/A</i>		WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

SUMMARY OF THE INCIDENT (Attach supplemental form)

- See two attachments:
- Feb. 4, 2007 letter from Wildlife Specialist Justin Mann to Idaho State Dept. of Agriculture Investigator Bob Hays
 - Summary of 1-31-07 incident in Idaho which resulted in the incidental take of two gray wolves with M-44 devices. (Prepared by Idaho Wildlife Services Western District Supervisor Todd Grimm)

NAME OF PREPARER <i>Todd Grimm</i>	SIGNATURE <i>Todd K. Grimm</i>	TELEPHONE NUMBER <i>(208) 378-5077</i>	DATE <i>2/22/07</i>
NAME OF SUPERVISOR <i>Mark Collinge</i>	SIGNATURE <i>Mark Collinge</i>	TELEPHONE NUMBER <i>(208) 378-5077</i>	DATE <i>2-22-07</i>

WS FORM 160 (2007)

Summary of 1/31/07 Incident in Idaho Which Resulted in the Incidental Take of Two Gray Wolves with M-44 Devices

Justin Mann, a Biological Science Technician with the Idaho Wildlife Services Program, was notified of a coyote depredation on a sheep on a private ranch during the week of 1/21/07. Justin had already been monitoring the area for several weeks because he has observed a history of depredations in this area throughout the years. Justin monitored for both coyote and gray wolf activity. He recorded his monitoring efforts in his personal diary and on the MIS 2000 reporting system (see the attached letter from Justin to Bob Hays, Idaho State Department of Agriculture (ISDA)).

On 1/23/07, Justin set five M-44 devices in the area around the coyote killed sheep carcass. On the afternoon of 1/31/07, Justin was performing his required weekly check of his equipment when he discovered the carcasses of two gray wolves near the M-44's. Justin immediately removed the remaining M-44 devices and contacted his supervisor to report the incident. The Idaho Department of Fish and Game (IDFG), ISDA and the U.S. Fish & Wildlife Service Law Enforcement (USFWSLE) were all notified of the incident by the next morning.

On 2/2/07, Justin was interviewed by agents from USFWSLE and ISDA and then took them to the site where the incident occurred. The two USFWSLE agents took that opportunity to recover the carcasses of the two wolves (1 gray, adult male and 1 gray, adult female).

On 2/6/07, Bob Hays interviewed Justin's District Supervisor, as well as the Idaho WS State Director and Assistant State Director, to gain further information for his investigation.

All evidence suggests that Justin was complying with all 26 use restrictions of the M-44 label when the incident occurred. Further, it appears that the standard of "reasonable due care" (50 CFR 17.84(n)(ix)) to avoid an incidental take of a member of Idaho's experimental, nonessential wolf population had been met. Since the USFWS treats experimental, nonessential populations as populations **proposed** to be listed rather than as a listed species, and since gray wolves and coyotes are both members of the *Canidae* family, this appears to better meet the criteria of a "Wildlife – Individual Animal Incident" than that of a "Wildlife – Major incident".

RECEIVED

FEB 14 2007

February 4, 2007

WS

Bob Hays, E.H.S.
Division of Agricultural Resources
623 11th Ave. South
Nampa, Id 83651

CASE: ID#07026

Dear Bob,

Wolf surveys were conducted on [REDACTED] private holdings on [REDACTED] on the following dates: 11/28/06, 12/18/06, 1/04/07, 1/17/07*, 1/20/07*, 1/22/07* and 1/25/07**. Wolf presence was detected consistently on [REDACTED].

Wolf surveys were done on [REDACTED] U.S. Forest Service winter allotment [REDACTED] on 11/03/06, 11/21/06, 11/28/06, 12/04/06, 12/14/06, 12/18/06, 1/04/07, 1/23/07** and 1/25/07**. No wolf activity was observed west of Keating Ridge.

These surveys consisted of searching potential areas for tracks and scat, taking telemetry readings throughout the area, and howling from key locations at optimum times of the day. During this time period I was in contact with the Nez Perce Tribe Wolf Recovery Program personnel concerning the results of their telemetry flights. Additionally, I queried hound hunters, muzzleloader hunters, late season elk hunters, the local IDF&G C.O. and local fur trappers about any wolf sign they may have observed. I also inquired about any sightings that [REDACTED] employees may have had. My findings indicated that there were no wolves in the area surrounding where the equipment was later deployed.

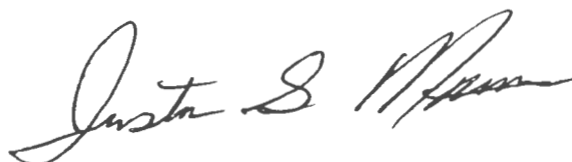
On 1/22/07, I surveyed the private property while performing a necropsy on a ewe killed by coyotes. On 1/23/07, five M-44 devices were placed in response the verified coyote depredation from the day before. While surveying the area and checking the equipment on 1/31/07, I discovered that I had unfortunately incidentally taken two wolves. On 2/02/07, I accompanied you and two U.S. Fish and Wildlife Service Enforcement agents in recovering the wolves.

In addition to the lack of wolf sign in the area there is also a conspicuous absence of wintering big game. This is attributed to the lack of feed (grass) which was burned by forest fires last summer.

*These surveys were done while investigating coyote depredations.

**These surveys were done after the equipment had been set.

Justin Mann
Wildlife Specialist
U.S.D.A., APHIS, Wildlife Services



ROUTING AND TRANSMITTAL SLIP

Date

2-22-07

TO: (Name, office symbol, room number,
building, Agency/ Post)

Initials

Date

1. Jeff Jones, OSS

2.

3.

4.

5.

<input checked="" type="checkbox"/> Action	File	Note and Return
<input type="checkbox"/> Approval	For Clearance	Per Conversation
<input checked="" type="checkbox"/> As Requested	For Correction	Prepare Reply
<input type="checkbox"/> Circulate	For Your Information	See Me
<input type="checkbox"/> Comment	Investigate	Signature
<input type="checkbox"/> Coordination	Justify	

REMARKS

Please let us know if you think we should also fill out an ADC Form 35 on this.

Our understanding is that the Idaho State Dept. of Agriculture will also be reporting this incident to EPA.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/ Post)

Mark Collinge

Room No. — Bldg.

Phone No.

NSN 7540-00-935-5862
5041-103OPTIONAL FORM 41 (Rev. 1-94)
Prescribed by GSA
UNICOR FPI - SST

1019441 - 011

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE DA	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 12-23-06	DST USE ONLY REPORT NUMBER
	Date <input type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Roger Carter		TELEPHONE NUMBER 801-975-3315	CONTACT NAME (If Non-APHIS or different from reporter)	TELEPHONE NUMBER
DUTY STATION ADDRESS P.O. Box 26976 Salt Lake City, UT 84126			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE ut	COUNTY Beaver	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

Alleged Dog pulled M44 Device

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

public Rangeland

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation]

Pesticide use

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Cyanide Capsule	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

Claimant called on 12-23-06. He was calling coyotes in the area. Had seen several signs but they had been difficult to see because of the fresh snow that day. He had gotten a coyote to answer and in his last sat down near a device to call. He said about the time he noticed the M44 device sign his dog pulled it. WS never saw the dog but upon our inspection dog and people tracks were seen and the device was pulled.

NAME OF PREPARER Kevin Dustin	SIGNATURE <i>Kevin Dustin</i>	TELEPHONE NUMBER 801-975-3315	DATE 2-13-07
NAME OF SUPERVISOR <i>Kevin Dustin</i>	SIGNATURE <i>Kevin Dustin</i>	TELEPHONE NUMBER 801-975-3315	DATE 2-13-07

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☐ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant ☒ Domestic ☐ Wild

"X" ONE

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Dog

BREED (if known)

Mountain Cur

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Symptoms not observed - Dog found dead

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

none performed

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 capsule

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

public Rangeland

ADDITIONAL FACTORS

NAME OF PREPARER

Kevin Dustin

SIGNATURE

Kevin Dustin

DATE

2-13-07

NAME OF SUPERVISOR

Kevin Dustin

SIGNATURE

Kevin Dustin

DATE

2-13-07



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: aggregate adverse effects incidents dated March, April, and May 2007 for the reporting period ending July 30, 2007**

ENQL 7-1 CY07
PERMANENT
Retire 07/12

July 11, 2007

updates
IO18646

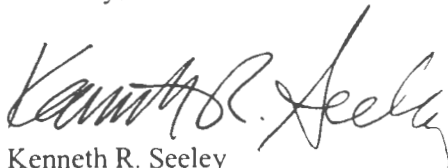
The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. Given this limitation, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending July 30, 2007.

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	2
W-B	1

Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

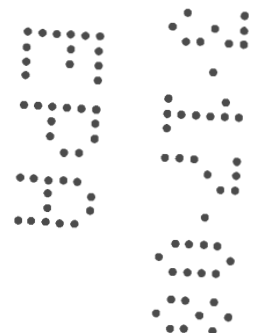
Sincerely,


Kenneth R. Seeley
Chief, Environmental Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer



1019441-012

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

update TO 18646-001

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 3-13-07	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 3-12-07 <input type="checkbox"/> Update	Date of last submission		
EMPLOYEE NAME (To contact for additional information) Jon W. Donaldson		TELEPHONE NUMBER (540) 468-3510	CONTACT NAME (If Non-APHIS)	
DUTY STATION ADDRESS Highland Co. Monterey, VA		ADDRESS P.O. Box 381 Monterey, VA 24465		
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Blue Grass	STATE VA	COUNTY Highland	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Media <input checked="" type="checkbox"/> Telephone Call <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Letter <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Livestock pasture

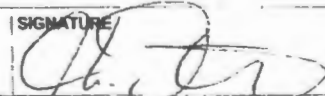
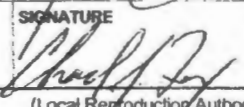
SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

Dog pulled M-44 sodium cyanide ejector

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 sodium cyanide capsules	ACTIVE INGREDIENT sodium cyanide 91.06%	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Received a telephone call from cooperator, [REDACTED] stating a dog had been found dead on an adjoining property. After a site visit the next day an M-44 sodium cyanide ejector was found pulled approximately 200-400 yards from where the dog was found. Dog had been free roaming. Dog was not assessed by myself. Information was gathered from [REDACTED]

NAME OF PREPARER Jon W. Donaldson	SIGNATURE 	TELEPHONE NUMBER (540) 468-3510	DATE 3-13-07
NAME OF SUPERVISOR Chad J. Fox	SIGNATURE 	TELEPHONE NUMBER 540-381-7387	DATE 3-20-07

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

Personal privacy information

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

domestic dog

BREED (if known)

Border Collie

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dog was found 200 yd from M-44 device. Information gathered from [REDACTED] Dog was not seen by myself

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

NA

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

NA

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

In accordance with EPA 26 use restrictions.

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Sheep and cattle pasture

ADDITIONAL FACTORS

Dog owner was assisted by [REDACTED] in finding the dog. All information pertaining to the incident was gathered from site visit and [REDACTED] No further communication is expected regarding this incident.

NAME OF PREPARER

Jon W. Donaldson

SIGNATURE

[Signature]

DATE

8-13-09

NAME OF SUPERVISOR

Chad J. Fox

SIGNATURE

[Signature]

DATE

8-20-7

WS FORM 1608-R (June 99)

(Local Reproduction Authorized)

Personal privacy information

1019441 - 013

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

Updated 1018646-002

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 4-23-07	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 4-23-07	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Jon W. Donaldson		TELEPHONE NUMBER (540) 468-3510	CONTACT NAME (If Non-APHIS)	
DUTY STATION ADDRESS Highland Co. Monterey, VA		ADDRESS P.O. Box 381 Monterey VA 24465		
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Blue Grass	STATE VA	COUNTY Highland	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

Livestock pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

Dog pulled M-44 sodium cyanide ejector.

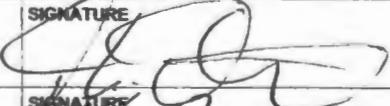
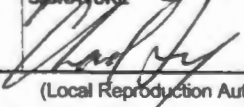
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 sodium cyanide capsules	ACTIVE INGREDIENT sodium cyanide 91.06%	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Found dog approximately 60 yards from pulled M-44 sodium cyanide ejector during a routine check. Dog had been free roaming, and was 2.5 miles from home.

NAME OF PREPARER Jon W. Donaldson	SIGNATURE 	TELEPHONE NUMBER (540) 468-3510	DATE 4-26-07
NAME OF SUPERVISOR Chad Fox	SIGNATURE 	TELEPHONE NUMBER 540-381-7387	DATE 5-1-7

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

45

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

domestic dog

BREED (if known)

Border Collie

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dog was found 60 yards from a pulled M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

NA

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

NA

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

In accordance with EPA 26 use restrictions

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Sheep and cattle pasture.

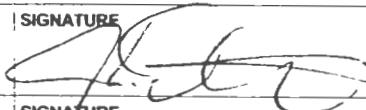
ADDITIONAL FACTORS

Dog owner was notified and was understanding of the situation. No further communication is expected regarding this incident.

NAME OF PREPARER

Jon W. Donaldson

SIGNATURE



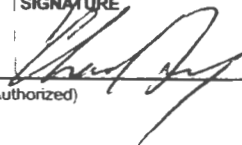
DATE

4-26-07

NAME OF SUPERVISOR

Chad Fox

SIGNATURE



DATE

5-1-7

WS FORM 160B-R (June 99)

(Local Reproduction Authorized)

Updates To 18646-003

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANIMAL DAMAGE CONTROL				INSTRUCTIONS: This form is for use as directed by supervisor following the injury or death of domestic animals or threatened/endangered species by ADC equipment or actions. Complete all applicable items, additional questions are on reverse side of this form. Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal if possible.	
REPORT OF INJURY OR DEATH OF NONTARGET ANIMAL					
1. DESCRIPTION OF ANIMAL					2. IS TORT CLAIM LIKELY?
Species <u>Dog</u>	Breed (if applicable) <u>Border Collie</u>	Estimated Weight <u>40 lbs</u>	Age Class <u>14 months</u>	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. NAME OF OWNER OF ANIMAL <div style="background-color: black; width: 100%; height: 100px;"></div>			4A. ACCIDENT LOCATION (nearest citytown, ranch or highway intersection) COUNTY/PARISH <u>Highland</u> STATE <u>VA</u>		
4C. LAND OPERATOR (Lessee) NAME AND ADDRESS <div style="background-color: black; width: 100%; height: 100px;"></div>			4B. LAND CLASS Name of Property Owner or Land Managing Office <div style="background-color: black; width: 100%; height: 100px;"></div> <input checked="" type="checkbox"/> Private <input type="checkbox"/> BLM <input type="checkbox"/> USFS <input type="checkbox"/> State <input type="checkbox"/> Other		
5. DEATH/INJURY					
Indicate disposition of animal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Death		Date of injury or death <u>4-23-07</u>		Cause: (if injury, describe) <u>Pulled an m-44 cyanide ejector</u>	
6A. WAS AUTOPSY CONDUCTED OR SAMPLE TESTED FOR TOXIC MATERIAL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6B. BY WHOM		6C. FINDINGS	
7. WAS OWNER AWARE OF CONTROL WORK IN AREA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. DID ANIMAL BELONG TO OWNER OR LESSEE OF PROPERTY WHERE CONTROL WORK WAS BEING DONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. WAS AGREEMENT CURRENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. WAS CONTROL SITE PROPERLY POSTED WITH SIGNS IN READABLE CONDITION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. NAME OF EMPLOYEE CONDUCTING CONTROL WORK <u>Jon w. Donaldson</u>			
12. STEPS TAKEN TO PREVENT RECURRENCE <u>NA</u>					
REPORT OF INCIDENT: Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal if possible.					
13. IN CASES INVOLVING THREATENED AND ENDANGERED (T&E) SPECIES NOTE SIGNIFICANCE OF LOSS TO LOCAL/NATIONAL POPULATION <u>NA</u>					
WAS T&E SPECIES PREVIOUSLY KNOWN TO EXIST IN AREA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
CHEMICAL					
14. TYPE <u>Sodium Cyanide</u>	15. STRENGTH <u>91.06%</u>	16. REGISTRATION NO. <u>56228-15</u>		17. CARRIER BAIT <u>m-44</u>	
18. SYMPTOMS EVIDENT <u>m-44 was fired, dog was found 60 yards away</u>			19. TIME ELAPSED FROM INGESTION TO SYMPTOMS/DEATH <u>NA</u>	20. ANIMAL'S PROXIMITY TO TOXICANT <u>60 yards</u>	
MECHANICAL					
21. TYPE	1.5 DESCRIBE SET:		22. ESTIMATED TIME ANIMAL IN EQUIPMENT		23. DATE OF LAST EQUIPMENT CHECK
24. NATURE AND PURPOSE OF CONTROL WORK BEING CONDUCTED (i.e., depredation request, rodent control, etc.) <u>Depredation of livestock has occurred in area.</u>					

25. DESCRIPTION OF CONTROL SITE (Nearest residence, road, cooperators boundary line)

Livestock pasture

26. WAS CONTROL IN COMPLETE COMPLIANCE WITH REGULATIONS AND GOOD JUDGEMENT (Signs, Program Policy, State/Federal law)

yes

27. DESCRIBE HOW ANIMAL MADE CONTACT WITH CONTROL TOOL

Dog entered cooperators pasture and pulled M-44 Sodium cyanide ejector.

28. WAS OWNER WITH ANIMALS AT TIME OF CONTACT WITH CONTROL TOOL?

☐ Yes ☒ No

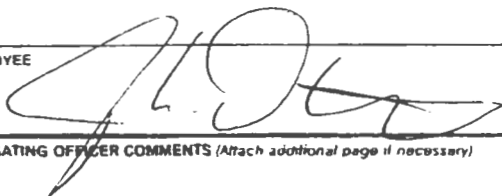
29. DESCRIBE EVIDENCE AT SCENE THAT SUPPORTS OR REFUTES POSSIBLE CLAIM OF NEGLIGENCE

NA

30. EMPLOYEE COMMENTS (attach additional page if necessary)

Dog had been free roaming approximately 2.5 miles away from home at time of incident

31. SIGNATURE OF EMPLOYEE

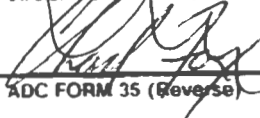


32. DATE

4-26-07

33. SUPERVISOR/INVESTIGATING OFFICER COMMENTS (Attach additional page if necessary)

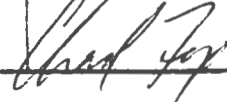
34. SIGNATURE OF INVESTIGATING OFFICER


ADC FORM 35 (Reverse)

35. DATE

5-1-7

36. SIGNATURE OF SUPERVISOR



37. DATE

5-1-7

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

IO19441-014

Updates IO18646-003

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 4-30-07	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 4-30-07	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Jon W. Donaldson		TELEPHONE NUMBER (540) 468-3510	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS Highland Co. Monterey, VA			ADDRESS P.O. Box 381 Monterey VA 24465	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Hightown	STATE VA	COUNTY Highland	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

Livestock Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

Black bear pulled M-44 sodium cyanide ejector.

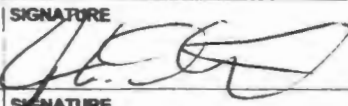
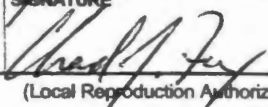
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Sodium Cyanide Capsules	ACTIVE INGREDIENT Sodium cyanide 91.06%	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Found black bear approximately 60 yards from pulled M-44 sodium cyanide ejector during a routine check.

NAME OF PREPARER Jon W. Donaldson	SIGNATURE 	TELEPHONE NUMBER (540) 468-3510	DATE 4-30-07
NAME OF SUPERVISOR Chad J. Fox	SIGNATURE 	TELEPHONE NUMBER 540-381-7387	DATE 5-8-7

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☐ Domestic ☒ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Black Bear

BREED (if known)

NA

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Black bear was found 60 yards from a pulled m-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

NA

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

NA

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

In accordance with EPA 26 use restrictions

WAS PREBATING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Livestock pasture

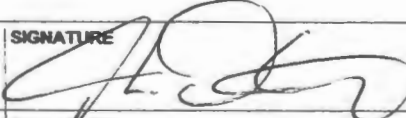
ADDITIONAL FACTORS

Virginia Dept. of Game and Inland Fisheries - Verona office - was notified and recovered the animal.

NAME OF PREPARER

Jon W. Donaldson

SIGNATURE



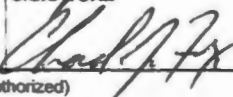
DATE

4-30-07

NAME OF SUPERVISOR

Chad J. Fox

SIGNATURE



DATE

5-8-7

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANIMAL DAMAGE CONTROL				REPORT OF INJURY OR DEATH OF NONTARGET ANIMAL				INSTRUCTIONS: This form is for use as directed by supervisor following the injury or death of domestic animals or threatened/endangered species by ADC equipment or actions. Complete all applicable items, additional questions are on reverse side of this form. Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal if possible.			
1. DESCRIPTION OF ANIMAL								2. IS TORT CLAIM LIKELY?		AMOUNT (Estimated)	
Species Black Bear		Breed (if applicable) NA		Estimated Weight 80 lbs.		Age Class 1 yr.		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF OWNER OF ANIMAL NA								4A. ACCIDENT LOCATION (nearest city/town, ranch or highway intersection)			
Street Address/P.O. Box								COUNTY/PARISH Highland STATE VA			
City/Town								4B. LAND CLASS			
State Zip Code Phone No ()								<input checked="" type="checkbox"/> Private <input type="checkbox"/> BLM <input type="checkbox"/> USFS <input type="checkbox"/> State <input type="checkbox"/> Other			
4C. LAND OPERATOR (Lessee) NAME AND ADDRESS								Name of Property Owner or Land Managing Office			
5. DEATH/INJURY											
Indicate disposition of animal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Death			Date of injury or death 4-30-07			Cause: (if injury, describe) Pulled an m-44 cyanide ejector.					
6A. WAS AUTOPSY CONDUCTED OR SAMPLE TESTED FOR TOXIC MATERIAL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				6B. BY WHOM				6C. FINDINGS			
7. WAS OWNER AWARE OF CONTROL WORK IN AREA <input type="checkbox"/> Yes <input type="checkbox"/> No NA				8. DID ANIMAL BELONG TO OWNER OR LESSEE OF PROPERTY WHERE CONTROL WORK WAS BEING DONE <input type="checkbox"/> Yes <input type="checkbox"/> No NA				9. WAS AGREEMENT CURRENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. WAS CONTROL SITE PROPERLY POSTED WITH SIGNS IN READABLE CONDITION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. NAME OF EMPLOYEE CONDUCTING CONTROL WORK Jon W. Donaldson						12. STEPS TAKEN TO PREVENT RECURRENCE NA					
REPORT OF INCIDENT: Attach additional sheets as necessary. Attach statements of witnesses, photocopy of agreement, map of location and photos of site and animal if possible											
13. IN CASES INVOLVING THREATENED AND ENDANGERED (T&E) SPECIES NOTE SIGNIFICANCE OF LOSS TO LOCAL/NATIONAL POPULATION NA											
WAS T&E SPECIES PREVIOUSLY KNOWN TO EXIST IN AREA? <input type="checkbox"/> Yes <input type="checkbox"/> No											
CHEMICAL											
14. TYPE Sodium Cyanide		15. STRENGTH 91.06%		16. REGISTRATION NO. 56228-15				17. CARRIER BAIT M-44			
18. SYMPTOMS EVIDENT m-44 was fired, black bear was found 60 yards away						19. TIME ELAPSED FROM INGESTION TO SYMPTOMS/DEATH NA		20. ANIMAL'S PROXIMITY TO TOXICANT 60 yards			
MECHANICAL											
21. TYPE		21.5 DESCRIBE SET:				22. ESTIMATED TIME ANIMAL IN EQUIPMENT				23. DATE OF LAST EQUIPMENT CHECK	
24. NATURE AND PURPOSE OF CONTROL WORK BEING CONDUCTED (i.e., depredation request, rodent control, etc.) Depredation of livestock has occurred in area.											

25. DESCRIPTION OF CONTROL SITE (Nearest residence, road, cooperator boundary line)

Livestock pasture.

26. WAS CONTROL IN COMPLETE COMPLIANCE WITH REGULATIONS AND GOOD JUDGEMENT (Signs, Program Policy, State/Federal law)

yes

27. DESCRIBE HOW ANIMAL MADE CONTACT WITH CONTROL TOOL

Bear was within cooperator's livestock pasture and pulled M-44 sodium cyanide ejector.

28. WAS OWNER WITH ANIMALS AT TIME OF CONTACT WITH CONTROL TOOL?

☐ Yes ☐ No NA

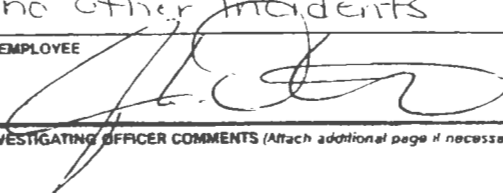
29. DESCRIBE EVIDENCE AT SCENE THAT SUPPORTS OR REFUTES POSSIBLE CLAIM OF NEGLIGENCE

NA

30. EMPLOYEE COMMENTS (attach additional page if necessary)

Virginia Dept of Game and Inland Fisheries, - Verona office. - was notified and recovered the animal. Cooperator's farm has been worked for the past 2 years with no other incidents.

31. SIGNATURE OF EMPLOYEE



32. DATE

4-30-07

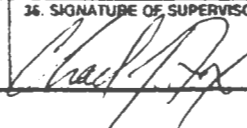
33. SUPERVISOR/INVESTIGATING OFFICER COMMENTS (Attach additional page if necessary)

34. SIGNATURE OF INVESTIGATING OFFICER

35. DATE

36. SIGNATURE OF SUPERVISOR

37. DATE



5-8-07



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

ENQL 7-1 CY07
PERMANENT
Retire 07/12

July 17, 2007

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

updates IWISG 83-001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: single adverse effects
incident (dated May 17, 2007) for the reporting period ending
July 30, 2007**

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. Given this limitation, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This single incident report, received after submission of our July 11th aggregate report, is for the following pesticide product:

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
H-D	1

Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

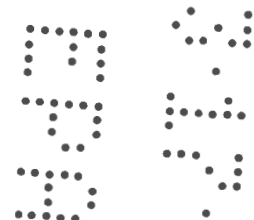
Sincerely,

Kenneth R. Seeley
Chief, Environmental Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer



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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

1019441-015

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE H-D	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 05/17/07	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Larry Gilliam		TELEPHONE NUMBER 979/824-2945	CONTACT NAME (If Non-APHIS) Gary McEwen	TELEPHONE NUMBER 979/845-6201
DUTY STATION ADDRESS 209 Sweeny Street West Columbia, Texas 77846			ADDRESS P.O. Box 604 Bryan, Texas 77806-0604	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Pearland	STATE Texas	COUNTY Brazoria	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Discharge of Device(human exposure)

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Pasture, non-crop area	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] individual stepped on or kicked the device
--	--

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME sodium cyanide	ACTIVE INGREDIENT sodium cyanide
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

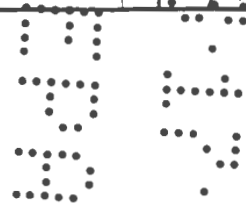
SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Individual [redacted] entered the [redacted] Ranch and came upon the device at approximately 19:30. Individual kicked or stepped on the device which was marked by an elevated sign. Individual entered the property through a posted cattleguard entrance (posted with M-44 warning sign). Individual's supervisor, Mr. Snoot, reported that the individual was not authorized to be on the property.

NAME OF PREPARER Gary McEwen	SIGNATURE 	TELEPHONE NUMBER 979/845-6201	DATE 06/04/07
NAME OF SUPERVISOR Michael Bodencheck	SIGNATURE 	TELEPHONE NUMBER 210 472-5451	DATE 6/27/07

WS FORM 160-R (June 99)

(Local Reproduction Authorized)



HUMAN INCIDENT - SUPPLEMENTAL REPORT

ROUTE OF EXPOSURE

☐ Oral ☐ Respiratory ☒ Eye ☐ Skin

ES USE ONLY

REPORT NUMBER

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS:

The individual kicked or stepped on the M-44 device and cyanide was ejected into his eyes. Individual reported that his eyes were irritated and burning.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):

TIME BETWEEN EXPOSURE AND
ONSET OF SYMPTOMS

immediate

WAS ADVERSE EFFECT THE RESULT OF

Suicide/homicide ☐ Yes ☒ NoAttempted Suicide/homicide ☐ Yes ☒ No

TYPE OF MEDICAL CARE SOUGHT

First medical care was administered by Alvin, Texas EMS. Additional treatment was administered by Southeast Memorial Hospital.

DEMOGRAPHICS

Sex ☒ Male
☐ Female

Age 53

If female, pregnant?
☐ Yes ☐ NoOccupation
Mosquito Control Technician

EXPOSURE DATA

Amount of Pesticide

1 capsule

Duration of Exposure

Weight of
Victim
200 lbs

Was the exposure occupational

☐ Yes ☒ NoIf "Yes", work days lost to illness
related to exposure

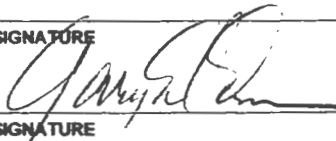
WERE PERSONAL PROTECTIVE EQUIPMENT WORN (If yes, describe)

☐ Yes ☒ No

ADDITIONAL FACTORS

NAME OF PREPARER
Gary McEwen

SIGNATURE

DATE
06?04/07

NAME OF SUPERVISOR

SIGNATURE

DATE

55

Sheriff:
Charles Wagner

INCIDENT/OFFENSE REPORT

PAGE 1

Incident ID: 1198369 Case # 07-05-0901 Off Date: 05/17/2007 Time: 20:00 Location Type:
Status : CE (CLEARED BY EXCEPTION) # Premises :

INITIAL CALL INFORMATION

Initial Call Reported By:
TEXAS; DATUM MACHINING

Received By: PARKS, KRISTY
Date: 05/17/2007
Time: 07:31pm
Meth: 911

(281) 648-2911

Nature of Call : INDUSTRIAL ACCIDENT

INCIDENT/OFFENSE INFORMATION

Offense Code/Description.....
2001 (INDUSTRIAL ACCIDENT)

Att/Compl. Offender(s) Used.....
COMPLETED

Offense/Incident Location:

Area of Off: NE
Subdiv/Grid: 655M

CR 128 AT OIL FIELD ROAD
ALVIN, TX 77511

Officer/Unit Assigned.....	Date.....	Disp..	Arr...	Clear.	Total.	Disposition.....
1229 (JONES, JOHN)	05/17/2007	19:37	19:41	19:58	00:21	ASSISTANCE GIVEN
1351 (SHANKS, JAMES)	05/17/2007	19:57	19:57	23:05	03:08	ASSISTANCE GIVEN
279 (OWENS, GEORGE)	05/17/2007	20:36	20:36	23:06	02:30	ASSISTANCE GIVEN
181 (ADAMS, K.R.)	05/17/2007	20:59		22:19	01:20	ASSISTANCE GIVEN
834 MINK, JEFFERY)	05/17/2007	21:09		22:19	01:10	ASSISTANCE GIVEN
1351 (SHANKS, JAMES)	05/17/2007	23:05		23:06	00:00	REPORT TAKEN

Investigator Assigned : 356 (ROGERS, JAMES)
Family Violence (Y/N)? : N

COMPLAINANT/VICTIM INFORMATION

FID..... Name of Victim/Complainant.... Description..... Address..... Phone..... Injury Type.....
M134746 [REDACTED]

W:

OTHER RELATED PERSON INFORMATION

FID..... Name of Person..... Description..... Address..... Phone..... Comments.....
COMPLAINANT
278158 [REDACTED]

W:

REPORTING OFFICER

APPROVED BY

Personal privacy information

56

Brazoria County Sheriff's Office
Summary Report

Offense	Information Report	Case No.	07-05-0901
Officer	SHANKS	Date/Time	05-17-07-2000

On above date, time and location I was dispatched in reference to an industrial accident. Report taken.

9 57

Brazoria County Sheriff's Office Narrative Report

Offense	Information Report	Case No.	07-05-0901
Officer	SHANKS	Date/Time	05-17-07-2000

INVESTIGATION:

On 05-17-07 at approx. 1957 hours I was dispatched to CR 128 and Hwy 35 in Alvin, TX for an industrial accident. Upon arrival I observed Alvin EMS on scene in the parking lot of a small business on 128 and 35. I observed a white older male with gray long hair being checked out by Alvin EMS and flushing his eyes. The victim was identified by TX DL as [REDACTED] who reported to me that he was in the oil fields on CR 128 spraying for mosquitoes when he came into contact with an aerosol coyote trap. The victim reported to me that he did step on or kick the trap and a powder came out containing cyanide and got into his eyes. He then reported that he was a Brazoria County employee. He drove down 128 to this small business on 35 and made contact with a W/F named [REDACTED] who observed the victim to be disoriented and complaining about his eyes burning. I made contact with the reportee she reported that's all she knew and then called 911. EMS was then enroute to Southeast Memorial Hospital. I then contacted a supervisor who told me to contact Apache Oil and ask for a pumper to take me to the coyote trap on their land. I then received a message to go home immediately and take a shower due to cyanide chemical in the trap. Once I took a shower I was told by a supervisor it was ok to return to duty as long as I was not in direct contact with the chemical. I was not. I then met Sergeant Owens on the oil field road where the trap supposedly was. Sergeant Owens then informed me that the road and land is privately owned and that a Federal Game Trapper named Larry Gillum 979-824-2945 was hired to set up those traps by the owner of the land. Also the employees did not know anything about the traps. The traps were noted with warning signs in both English and Spanish and there was a sign posted in the entrance of the oil field road. Condition of victim as unknown at this time. Also I informed everyone on scene who came into contact with the victim to shower immediately also.

INTERVIEW:

[REDACTED]
[REDACTED]
[REDACTED]

Victim stated that he kicked or stepped on a coyote trap containing cyanide powder. He was on some dirt road in the oil field off CR 128.

[REDACTED]
[REDACTED]
[REDACTED]

Reportee stated that a white male was asking for help acting disoriented and complaining of eyes burning. He said he was sprayed with cyanide. Reportee was drinking beer when interview was conducted.

NEGATIVE INTERVIEW:

none

Personal privacy information

58

INVESTIGATIVE LEADS:

none

EVIDENCE:

none

DISPOSITION:

Exceptional clearance

95 59



updates I019004-001

United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

ENQL 7-1 CY07
PERMANENT
Retire 10/12

October 17, 2007

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: single adverse effect
incident dated June 18, 2007 for the reporting
period ending October 30, 2007**

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. Given this limitation, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending October 30, 2007.

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

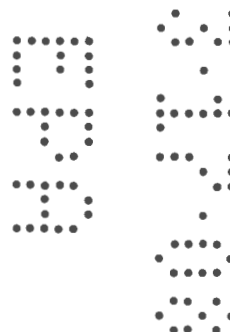
<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	1

Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

Sincerely,

Kenneth R. Seeley
Chief, Environmental Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

1019441-016

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 6.18.07	Date of last submission <input type="checkbox"/> Update		
DA			6.18.07	

EMPLOYEE NAME (To contact for additional information) PAT JAVREGUIBERRY	TELEPHONE NUMBER (505) 760-7347	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
--	------------------------------------	-----------------------------	------------------

DUTY STATION ADDRESS PORTALES, N.M.	ADDRESS PENNY'S PLACE
--	--------------------------

INCIDENT LOCATION			SOURCE OF INFORMATION
CITY BROADVIEW	STATE NM	COUNTY CURRY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

PULLED A M-44 UNIT

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

PASTURE NORTH OF
HEADQUARTER

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME SODIUM CYANIDE	ACTIVE INGREDIENT SODIUM CYANIDE
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) 91% SODIUM CYANIDE 9% INERT	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

DOMESTIC DOG STRAYED FROM HEADQUARTER
AND PULLED A M-44 UNIT. OWNER WAS AWARE
OF M-44 PLACEMENT. DOG HAD A COLLAR

NAME OF PREPARER PAT JAVREGUIBERRY	SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER (505) 760-7347	DATE 6.19.07
NAME OF SUPERVISOR BRIAN ARCHULETA	SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER 505 623-3310	DATE 6/28/07

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

RECEIVED

JUL 10 2007

WS-80

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

~~GREAT PYRENEES~~ DOG

BREED (if known)

GREAT PYRENEES

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

DOG PULLED AM. 44 UNIT CONTAINING SODIUM
CYANIDE AND DIED

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

N/A

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

N/A

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

OPEN PASTURE NORTH OF HEADQUARTERS.

ADDITIONAL FACTORS

N/A

NAME OF PREPARER

PAT JAUREGUI-BERRY

SIGNATURE



DATE

6.19.07

NAME OF SUPERVISOR

BRIAN ARCHULETA

SIGNATURE



DATE

6/28/07



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

Updates IO19194-001

ENQL 7-1 CY07
PERMANENT
Retire 12/12

December 12, 2007

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: single adverse effect
incident dated January 24, 2007 for the reporting
period ending April 30, 2007**

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. Given this limitation, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending April 30, 2007:

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
W-B	1

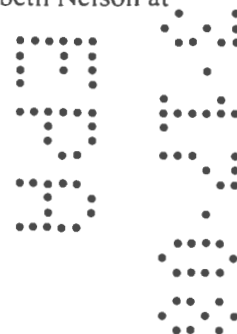
This incident, which occurred on January 24, 2007, should have been included in the aggregate adverse effects incidents report submitted on March 27, 2007. However, a written report was not made until November 21 and was not received in our office until December 11.

Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

Sincerely,


Kenneth R. Seeley
Chief, Environmental Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

101941-017

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE WB	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 1/24/2007	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Scott Evens		TELEPHONE NUMBER 701-728-6623	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 930 59th Street North Granville, ND 58741			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE ND	COUNTY Rolette	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other _____	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Other

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Rangeland/Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

M-44 devices activated by non-target species - Dog Free Ranging Hybrid

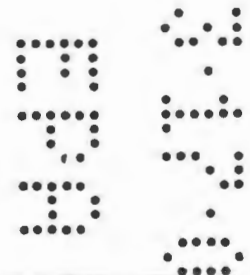
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 device had been set as part of integrated predator damage program for livestock protection.



NAME OF PREPARER Nancy Stephan	SIGNATURE <i>Nancy Stephan</i>	TELEPHONE NUMBER 701-250-4405	DATE 11/21/2007
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE <i>Phil Mastrangelo</i>	TELEPHONE NUMBER 701-250-4405	DATE 11/21/2007

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☐ Domestic ☒ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Dog Free Ranging Hybrid

BREED (if known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The Dog was killed after activating M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated

WAS PREBATING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 device was set in Range/Pasture land for management of Coyote Predation in Livestock.

ADDITIONAL FACTORS

NAME OF PREPARER

Nancy Stephan

SIGNATURE



DATE

11/21/2007

NAME OF SUPERVISOR

Phil Mastrangelo

SIGNATURE



DATE

11/21/2007